

Supplement to
Attachment 3.1A

Service 1
Inpatient Hospital
Services

MONTANA

The following limitations apply to Inpatient Hospital Services:

Services considered experimental are not a benefit of the Montana Medicaid Program.

Experimental services include:

1. All procedures and items, including prescribed drugs, considered experimental by the U.S. Department of Health and Human Services or any other appropriate federal agency.
2. All procedures and items, including prescribed drugs, provided as part of a control study, approved by the Department of Health and Human Services or any other appropriate federal agency to demonstrate whether the item, prescribed drug or procedure is safe and effective in curing/preventing, correcting or alleviating the effects of certain medical conditions.
3. All procedures and items, including prescribed drugs, which may be subject to question but are not covered in #1 and #2 above, will be evaluated by the Department's designated medical review organization.

TN 92-03 Approved 6/2/92 Effective 1/1/92
Supercedes TN # 87-10-06

Supplement to
Attachment 3.1A

Service 2 a & b
Outpatient Hospital
Services and Rural
Health Clinic Services

MONTANA

The following limitations apply to Outpatient Hospital Services and Rural Health Clinic Services:

Services considered experimental are not a benefit of the Montana Medicaid Program.

Experimental services include:

1. All procedures and items, including prescribed drugs, considered experimental by the U.S. Department of Health and Human Services or any other appropriate federal agency.
2. All procedures and items, including prescribed drugs, provided as part of a control study, approved by the Department of Health and Human Services or any other appropriate federal agency to demonstrate whether the item, prescribed drug or procedure is safe and effective in curing/preventing, correcting or alleviating the effects of certain medical conditions.
3. All procedures and items, including prescribed drugs, which may be subject to question but are not covered in #1 and #2 above, will be evaluated by the Department's designated medical review organization.

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Supplement to
Attachment 3.1A

Service 2 c
Federally Qualified
Health Center
Services

MONTANA

The following limitations apply to Federally Qualified Health Center (FQHC) Services:

Federally Qualified Health Center services are subject to all rules applied by Medicaid for each program area with the exception of reimbursement levels.

Services considered experimental are not a benefit of the Montana Medicaid Program.

Experimental services include:

1. All procedures and items, including prescribed drugs, considered experimental by the U.S. Department of Health and Human Services (HHS) or any other appropriate federal agency.
2. All procedures and items, including prescribed drugs, provided as part of a control study, approved by HHS or any other appropriate federal agency to demonstrate whether the item, prescribed drug or procedure is safe and effective in curing/preventing, correcting or alleviating the effects of certain medical conditions.
3. All procedures and items, including prescribed drugs, which may be subject to question but are not covered in #1 and #2 above, will be evaluated by the Department's designated medical review organization.

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Supplement to
Attachment 3.1A

Service 3
Other Laboratory and
X-Ray Services

MONTANA

The following limitations apply to Other Laboratory and X-Ray Services:

Services considered experimental are not a benefit of the Montana Medicaid Program.

Experimental services include:

1. All procedures and items, including prescribed drugs, considered experimental by the U.S. Department of Health and Human Services or any other appropriate federal agency.
2. All procedures and items, including prescribed drugs, provided as part of a control study, approved by the Department of Health and Human Services or any other appropriate federal agency to demonstrate whether the item, prescribed drug or procedure is safe and effective in curing/preventing, correcting or alleviating the effects of certain medical conditions.
3. All procedures and items, including prescribed drugs, which may be subject to question but are not covered in #1 and #2 above, will be evaluated by the Department's designated medical review organization.

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Supplement to
Attachment 3.1A

Service 4a
Nursing Facility
Services for
Individuals 21
Years or Older

MONTANA

The following limitations apply to Nursing Facility Services for Individuals 21 Years or Older:

A. Services considered experimental are not a benefit of the Montana Medicaid Program.

Experimental services include:

1. All procedures and items, including prescribed drugs, considered experimental by the U.S. Department of Health and Human Services or any other appropriate federal agency.
2. All procedures and items, including prescribed drugs, provided as part of a control study, approved by the Department of Health and Human Services or any other appropriate federal agency to demonstrate whether the item, prescribed drug or procedure is safe and effective in curing/preventing, correcting or alleviating the effects of certain medical conditions.
3. All procedures and items, including prescribed drugs, which may be subject to question but are not covered in #1 and #2 above, will be evaluated by the Department's designated medical review organization.

B. Items or services that are not included in the payment benefit for services rendered by a nursing facility in the Montana Medicaid Program, but for which the resident may be charged are as follows:

1. Vitamins, multivitamins;
2. Calcium supplements;
3. Nasal decongestants and antihistamines;
4. Special requests by a nursing home resident for a specific item or brand that is different from that which the facility routinely stocks or provides as a requirement or condition of participation which is covered under the Medicaid per diem rate (i.e. special lotion, powder, diapers);

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MONTANA

The following limitations apply to Early Periodic Screening
Diagnosis and Treatment Services:

Services considered experimental are not a benefit of the Montana
Medicaid Program.

Experimental services include:

1. All procedures and items, including prescribed drugs, considered experimental by the U.S. Department of Health and Human Services or any other appropriate federal agency.
2. All procedures and items, except prescribed drugs, provided as part of a control study, approved by the Department of Health and Human Services or any other appropriate federal agency to demonstrate whether the item, or procedure is safe and effective in curing/preventing, correcting or alleviating the effects of certain medical conditions. Prescribed drugs approved for use under investigational drug status by the federal drug administration and provided under specific controlled medically supervised programs, under the supervision of a physician licensed to practice medicine are not considered experimental. for persons eligible for EPSDT.
3. All procedures and items, including prescribed drugs, which may be subject to question but are not covered in #1 and #2 above, will be evaluated by the Department's designated medical review organization.

Montana will meet the requirements of Section 1905(r) of the Security Act and provide for any medically necessary service for which coverage is mandated by Section 1905(r).

TN # 99-007 Approved 12/20/99 Effective 07/01/99
Supersedes TN 95-013

Supplement to
Attachment 3.1A

Service 4c
Family Planning

MONTANA

The following limitations apply to Family Planning:

Services considered experimental are not a benefit of the Montana Medicaid Program.

Experimental services include:

1. All procedures and items, including prescribed drugs, considered experimental by the U.S. Department of Health and Human Services or any other appropriate federal agency.
2. All procedures and items, including prescribed drugs, provided as part of a control study, approved by the Department of Health and Human Services or any other appropriate federal agency to demonstrate whether the item, prescribed drug or procedure is safe and effective in curing/preventing, correcting or alleviating the effects of certain medical conditions.
3. All procedures and items, including prescribed drugs, which may be subject to question but are not covered in #1 and #2 above, will be evaluated by the Department's designated medical review organization.

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Supplement to
Attachment 3.1A

Service 5a
Physicians' Services

MONTANA

The following limitations apply to Physicians' Services:

1. Physicians' Services for conditions or ailments that are generally considered cosmetic in nature are not a benefit of the Medicaid Program except in such cases where it can be demonstrated that the physical well-being and psycho-social well-being of the recipient are severely affected in a detrimental manner. The determination of whether a service is cosmetic will be made by the Department or its designated review organization.
2. Services considered experimental are not a benefit of the Montana Medicaid Program. Experimental services include:
 - a. All procedures and items, including prescribed drugs, considered experimental by the U.S. Department of Health and Human Services or any other appropriate federal agency.
 - b. All procedures and items, including prescribed drugs, provided as part of a control study, approved by the Department of Health and Human Services or any other appropriate federal agency to demonstrate whether the item, prescribed drug or procedure is safe and effective in curing/preventing, correcting or alleviating the effects of certain medical conditions.
 - c. All procedures and items, including prescribed drugs, which may be subject to question but are not covered in #1 and #2 above, will be evaluated by the Department's designated medical review organization.

The following limitations apply to Optometric Services provided by doctors of medicine or osteopathy:

1. Each Medicaid recipient shall be allowed one (1) eye examination per state fiscal year unless one of the following circumstances exist:
 - a. Following cataract surgery there may be more than one (1) examination per state fiscal year.
 - b. The provider determines by screening that a loss of one line acuity has occurred with present glasses.

These limitations on Optometric Services do not apply to services for individuals under age 21 eligible for the EPSDT program.

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Service 5(b)
Medical and Surgical
Services furnished by
a dentist (in
accordance with
section 1905(a) (5) (B)
of the Act)

MONTANA

The following limitations apply to Medical and Surgical services furnished by a dentist (in accordance with section 1905(a) (5) (B) of the Act). Services considered experimental are not a benefit of the Montana Medicaid Program.

Experimental services include:

1. All procedures and items, including prescribed drugs, considered experimental by the U.S. Department of Health and Human Services or any other appropriate federal agency.
2. All procedures and items, including prescribed drugs, provided as a part of a control study approved by the Department of Health and Human Services or any other appropriate federal agency to demonstrate whether the item, prescribed drugs or procedure is safe and effective in curing, preventing, correcting or alleviating the effects of certain medical conditions.
3. All procedures and items, including drugs which may be subject to question but are not covered in #1 and #2 above, will be evaluated by the Department's designated medical review organization.

TN No. 92-03 Approved 6/2/92 Effective 1/1/92
Supercedes
TN No. New

MONTANA

The following limitations apply to Podiatrist services:

- I. Services considered experimental are not a benefit of the Montana Medicaid Program. Experimental services include all procedures, items and prescribed drugs:
 - A. Considered experimental by the U.S. Department of Health and Human Services (HHS) or any other appropriate federal agency;
 - B. Provided as part of a control study, approved by HHS or any other appropriate federal agency to demonstrate whether the item, prescribed drug or procedure is safe and effective in curing, preventing, correcting or alleviating the effects of certain medical conditions; and,
 - C. Which may be subject to question but not covered in A. and B. above. These services will be evaluated by the Department's designated medical review organization.
- II. Orthotic services are limited to once every twenty-four (24) months per recipient. "Orthotic" means a mechanical device applied to the foot to be used with the shoe either as an insert for the shoe or an attachment to the exterior of the shoe for the purposes of assisting to restore normal function of the foot.
- III. Routine podiatric care is limited to once every sixty (60) days per recipient. "Routine podiatric care" means cutting or removal of corns, calluses and or trimming of nails, application of skin creams and other hygienic and preventive maintenance care. It does not mean debridement of nails.